



## Complete Summary

### TITLE

In-center hemodialysis patients' experiences: percentage of in-center hemodialysis patients who reported how often they were satisfied with the quality of dialysis center care and operations.

### SOURCE(S)

CAHPS® In-Center Hemodialysis Survey and Reporting Kit 2006. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Oct 17. various p.

CAHPS®: Surveys and tools to advance patient-centered care [https://www.cahps.ahrq.gov/default.asp]. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2008 Feb 21]; [accessed 2007 Sep 05]. [3 p].

### Measure Domain

#### PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

### Brief Abstract

#### DESCRIPTION

This measure is used to assess the percentage of respondents who indicated how often ("Never," "Sometimes," "Usually," or "Always") the dialysis center staff:

- listened carefully to them.
- explained things in a way that was easy to understand.
- showed respect for what they had to say.
- spent enough time with them.
- really cared about them as a person.
- made them as comfortable as possible during dialysis.

- inserted their needles with as little pain as possible.
- checked them as closely as they wanted while they were on the dialysis machine.
- were able to manage problems during their dialysis.
- behaved in a professional manner.
- explained blood test results in a way that was easy to understand.

#### **AND**

The percentage of respondents who indicated how often ("Never," "Sometimes," "Usually," or "Always"):

- they were put on the dialysis machine within 15 minutes of their appointment or shift time.
- the dialysis center was as clean as it could be.
- they were satisfied with the way the dialysis facility staff handled problems.

#### **AND**

The percentage of respondents who indicated whether ("Yes" or "No"):

- the dialysis center staff kept information about them and their health as private as possible from other patients.
- they felt comfortable asking dialysis center staff everything they wanted about dialysis care.
- the dialysis center staff talked about to them about what they should eat and drink.

The "Quality of Dialysis Center Care and Operations" composite measure is based on seventeen questions in the CAHPS In-Center Hemodialysis Survey.

**Note:** A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting. Additionally, frequency distributions are available for plans or providers to use for quality improvement purposes.

#### **RATIONALE**

As a result of legislation passed in 1972, Medicare pays for more than two-thirds of the expenditures for care for patients with end-stage renal disease (ESRD). To help ensure that these patients are receiving quality care, the Centers for Medicare & Medicaid Services (CMS) has been reporting comparative clinical information at the facility level since January of 2001 on its Dialysis Facility Compare Web site. However, patient survey results are noticeably absent from the current set of quality measures for ESRD care. In recent years, both the U.S. Office of the Inspector General and MedPac's 2003 Report to Congress noted the need to evaluate the experience of care for ESRD patients. Consequently, in late 2002, CMS requested that the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS grantees produce a patient survey for in-center hemodialysis patients. This request was part of CMS's broader quality agenda for its ESRD program.

The CAHPS In-Center Hemodialysis Survey is designed to assess the experiences of hemodialysis patients who receive care from dialysis facilities. It is intended to serve as a tool that both facilities and End-Stage Renal Disease Networks can use to measure and improve the patient-centeredness of their care.

## **PRIMARY CLINICAL COMPONENT**

End-stage renal disease (ESRD); in-center hemodialysis; patient reports on the quality of dialysis center care and operations

## **DENOMINATOR DESCRIPTION**

All currently dialyzing in-center hemodialysis patients, age 18 years and older, who answered the "Quality of Dialysis Center Care and Operations" questions on the CAHPS In-Center Hemodialysis Survey (see the related "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

## **NUMERATOR DESCRIPTION**

The number of responses ("Never," "Sometimes," "Usually," or "Always" **OR** "Yes" or "No") on the "Quality of Dialysis Center Care and Operations" questions (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Use of this measure to improve performance

### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Using the CAHPS in-center hemodialysis survey to improve quality. Lessons learned from a demonstration project. [Submitted to the Centers for Medicare & Medicaid Services by American Institutes for Research, RAND, Harvard Medical School, Westat, Network 15. Supported by contracts 1-U18 HS13193-01 and 2-U18 HS09204]. Rockville (MD): Agency for Healthcare Quality and Research (AHRQ); 2007. 43 p. [unpublished]

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Collaborative inter-organizational quality improvement  
External oversight/Medicare  
Internal quality improvement  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Allied Health Personnel  
Dietitians  
Nurses  
Physician Assistants  
Physicians  
Social Workers

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Living with Illness

## **IOM DOMAIN**

Patient-centeredness

## **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

All currently dialyzing in-center hemodialysis patients, age 18 years and older, with at least 3 months of experience on hemodialysis at their current facility

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All currently dialyzing in-center hemodialysis patients, age 18 years and older, who answered the "Quality of Dialysis Center Care and Operations" questions on the CAHPS In-Center Hemodialysis Survey. Include refusals, non-responders (never responded, was unavailable at the time of the survey, was ill or incapable, had a language barrier, etc.), and bad addresses/phone numbers.

## **Exclusions**

- Deceased
- Ineligible. The respondent has been a patient at the facility for less than three months, is not a patient at the facility, or is no longer receiving in-center hemodialysis (received a transplant or has switched to peritoneal dialysis).

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window precedes index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

The number of responses ("Never," "Sometimes," "Usually," or "Always" **OR** "Yes" or "No") on the "Quality of Dialysis Center Care and Operations" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

**Note:** Include all completed questionnaires. A questionnaire is considered complete if responses are available for 12 or more of a selected list of key CAHPS items. Refer to the original measure documentation for more information.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

## **DATA SOURCE**

Administrative data  
Patient survey

## **LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

### **SCORING**

Non-weighted Score/Composite/Scale

### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

### **ALLOWANCE FOR PATIENT FACTORS**

Case-mix adjustment

### **DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS**

CAHPS recommends adjusting the data for respondent age, education, and self-reported health status.

### **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## **Evaluation of Measure Properties**

### **EXTENT OF MEASURE TESTING**

Development of the CAHPS In-Center Hemodialysis Survey included:

- Three rounds of cognitive testing of the draft survey in English and Spanish with dialysis patients.
- Pilot testing with 30 facilities representing different regions and unit size.
- A year-and-a-half-long initiative with seven dialysis facilities and four Networks to test the use of the survey as a quality improvement tool.

### **EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

CAHPS® In-Center Hemodialysis Survey and Reporting Kit 2006. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Oct 17. various p.

## Identifying Information

### ORIGINAL TITLE

Quality of dialysis center care and operations.

### MEASURE COLLECTION

[CAHPS In-Center Hemodialysis Survey](#)

### SUBMITTER

Agency for Healthcare Research and Quality  
Centers for Medicare & Medicaid Services

### DEVELOPER

Agency for Healthcare Research and Quality  
CAHPS Consortium

### ENDORSER

National Quality Forum

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2006 Oct

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

CAHPS® In-Center Hemodialysis Survey and Reporting Kit 2006. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Oct 17. various p.

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### MEASURE AVAILABILITY



The individual measure, "Quality of Dialysis Center Care and Operations," is published in the "CAHPS In-Center Hemodialysis Survey and Reporting Kit 2006." This Kit may be downloaded at the [CAHPS Survey Users Network Web site](#). See the related [QualityTools](#) summary.

## **COMPANION DOCUMENTS**

The following are available:

- CAHPS user resources. Quality improvement resources. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2007 Dec 10]; [accessed 2007 Aug 14]. Available from the [CAHPS Web site](#).
- CAHPS user resources: project implementation resources. [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2005 Dec 29]; [accessed 2007 May 15]. Available from the [CAHPS Web site](#).

## **NQMC STATUS**

This NQMC summary was completed by ECRI on May 14, 2007. The information was verified by the measure developer on July 25, 2007.

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